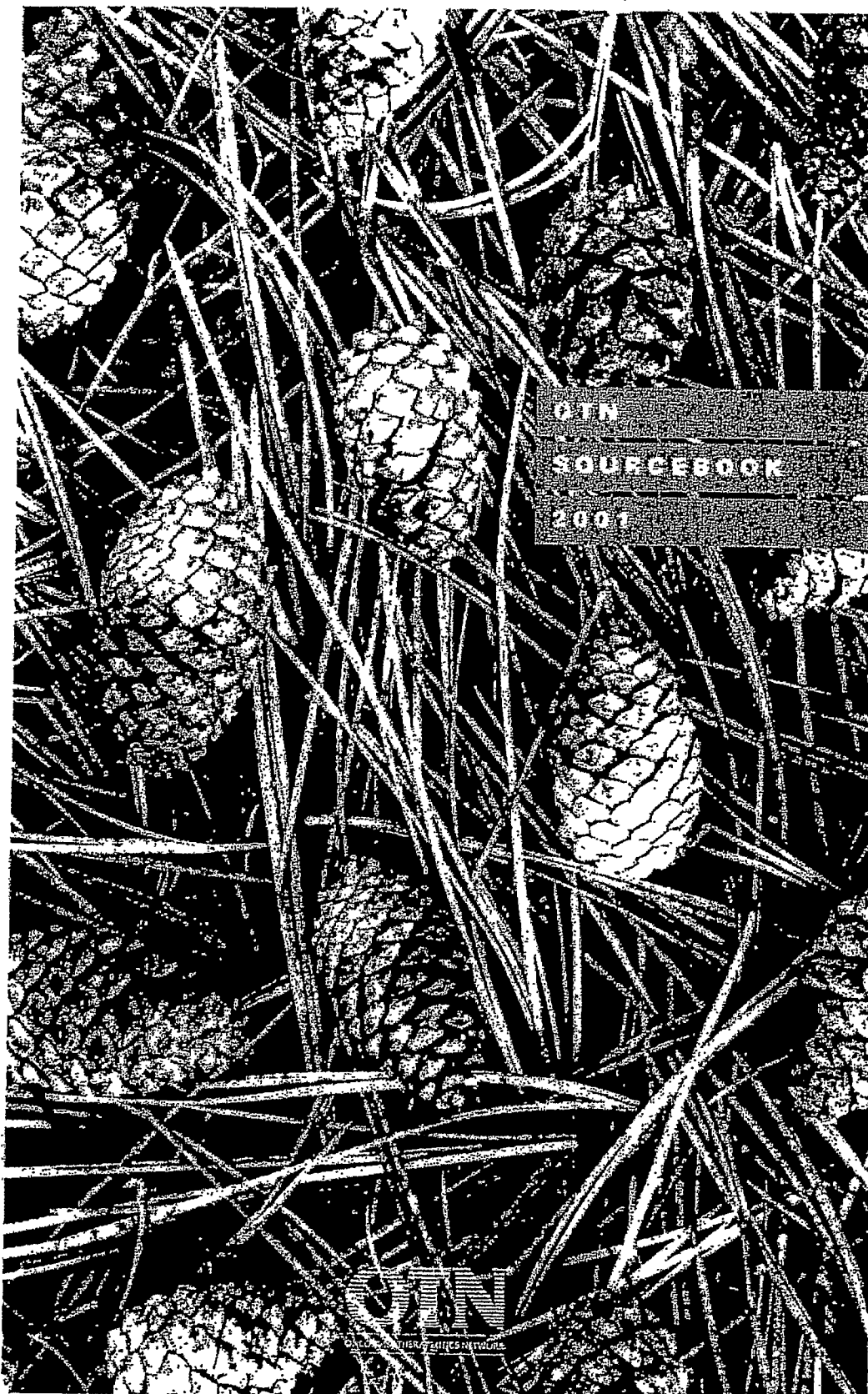


**TAB  
B**



Defendants' Exhibit

**2581**

01-12257-PBS



OneBody

Did she tell you she was seeing  
an acupuncturist for treatment-  
induced nausea?

Many of your patients are seeking  
complementary/alternative care  
to aid in their recovery.

Offer them the most up-to-date,  
medically reliable resource.



## OneBody's Health Advisor Report Cancer Support

OneBody's medical experts have  
searched through thousands of  
documents, analyzed research  
and prepared the Health Advisor  
Report to aid you in your search  
for information and resources on  
CAM (Complementary and  
Alternative Medicine). The Health  
Advisor Report is available in both  
a comprehensive print version and  
an interactive online version.

To view a sample or to purchase  
a printed Health Advisor Report,  
log onto [www.onebody.com](http://www.onebody.com).  
Find out how you can bring  
reliable complementary care to  
your patients by calling our toll  
free number 1-888-646-5729

Health Advisor Report

OneBody



OneBody

65,000 practitioners specializing in acupuncture, biofeedback, chiropractic,  
homeopathy, naturopathy, nutrition, massage, yoga and mind body.



## From Oncology Therapeutics Network (OTN)

The Sourcebook is divided into four sections that make it easy to find the information you need:

- **Program and Product Highlights**  
See pages 2-6
- **Chemotherapy and Supportive Care Drugs**  
See pages 7-22
- **Supply Products**  
See pages 24-56
- **Index**  
See pages 68-72

The brief summaries of the prescribing information for all Bristol-Myers Squibb Oncology/Immunology, Schering Corporation and Hoechst Marion Roussel products contained in this catalog are at the end of the catalog on pages 57-67.

# News from OTN

## Customer Choice Program

One normally considers a vendor's payment terms as just a necessity when purchasing drugs. That's not the case at OTN! Our Customer Choice payment terms program is designed to offer the flexibility to meet the needs of different practices. It can help increase your practice's bottom line when you choose an early payment option or it can help improve your cash flow by extending payments to more closely tie with reimbursement. Whatever your practice dynamics, OTN's Customer Choice program offers a set of terms that are right for you. Here are your four choices:

### 2% Direct Debit, Upon Receipt of Order

The Direct Debit option provides the greatest discount. Under this option, OTN electronically debits your designated bank account for the amount of your invoice after you receive your order. There is no more need for the time consuming process of preparing and mailing a check to OTN. In addition, you will save 2% on all your orders! If your practice purchases \$100,000 a month, that could mean a savings of \$2,000 a month, or \$24,000 a year! And, with OTN-Online, our new customers-only website, you will be able to determine the exact amount of debits deducted from your account in real-time, rather than waiting for invoices by mail.

### 1% 30 Days, Net 60 Days

This option is perhaps the most flexible. It's for those practices that want the benefit of the 1% discount if they pay within 30 days and the flexibility to extend payment up to 60 days from date of invoice should reimbursement payments be slow. With interest rates as low as they are now, it may be worthwhile for your practice to borrow money to enable you to take advantage of the 2% Direct Debit option to earn an additional 1% discount. As an example, if you pay your invoices in 30 days and are enjoying the 1% discount and you can borrow funds at an 8% annual rate, you will save an additional 0.33%. Based on average monthly purchases of \$100,000, your additional annual savings would be \$4,000.

### Net 75 Days

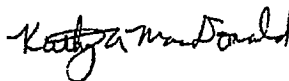
The Net 75 Days option allows your practice 75 days from the date of invoice to pay for your purchases. If reimbursement is slow, this option lets you more closely match your cash receipts with cash payments.

### Credit Card, At Time of Order

Charge your purchases on a VISA®, MasterCard® or an American Express® credit card at the time you place your order and you can use your purchases to earn free airline travel and other benefits offered by your credit card company. Sorry, no early payment discounts are available with this choice and you cannot use this option on a previously placed order.

We hope you agree, the Customer Choice Program provides the flexibility to meet the financial dynamics of your practice. Contact your OTN representative for more information or to sign up for the payment terms of your choice.

Sincerely,



Kathy MacDonald  
Chief Financial Officer

## Opportunities in Cost Containment for Today's Oncology Practice

OTN Now Offers Customers a Choice  
of Payment Terms

■ **2% Upon Receipt of Order**

Set up a direct debit account and receive a 2% discount on all purchases when payment is made upon receipt of order.

or

■ **1% 30, Net 60 Days**

Receive a 1% discount if your invoices are paid within 30 days, or extend payment for up to 60 days from date of invoice.

or

■ **Net 75 Days**

Extend payment up to 75 days from date of invoice without incurring finance charges.

or

■ **Credit Card**

Pay by American Express, Visa or Mastercard on the day you receive your order.

Customers may choose the one payment option that best meets their needs for all orders.

Free Overnight Delivery



- Order drugs by 8:00 pm ET (5:00 pm PT) for free delivery via FedEx Express™ service by 3:30 pm the next day.

- Priority service is available for a nominal charge.

Toll-Free Ordering 1-800-800-5673

- Online ordering is available 24 hours-a-day, 7 days a week through OTN-Online (otn-online.com).
- Representatives are available to take your order from 8:30 am to 8:00 pm ET (5:30-5:00 PT) Monday through Friday.
- You may also fax your order 24 hours-a-day, seven-days-a-week via our toll-free fax 1-800-800-5673.



Resources to Help  
Your Practice Grow

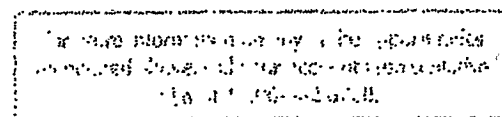
- OTN-Online (www.otn-online.com) provides easy and convenient access 24 hours-a-day to many of OTN's value-added services and your own account specific information.
- *The Network News* offers current information on products and reimbursement from *The Red Book* by Micromedex, as well as ideas on practice management.

OTN's Service Guarantee\*

- Your shipments will arrive at the promised time.
- Your order will be complete and accurate.

If we fail to provide your practice with this level of service, we will, upon request, credit your account for \$25.00 or donate the money to the American Cancer Society in your practice's name.

\* Guarantee does not apply to weather-related delays, manufacturer's back orders and special-ordered items. See terms and conditions for more details.



## Expand Your Treatment Options

175 mg/m<sup>2</sup>

175 mg/m<sup>2</sup>

175 mg/m<sup>2</sup>

175 mg/m<sup>2</sup>

175 mg/m<sup>2</sup>

175 mg/m<sup>2</sup>

SEMISYNTHETIC  
**TAXOL**®\*  
(paclitaxel)  
INJECTION

In general TAXOL is well tolerated. The most common adverse events associated with TAXOL are neutropenia, peripheral neuropathy, arthralgias/myalgias, and alopecia. For additional information, contact 1-800-426-7644.

\*TAXOL is a registered trademark of Bristol-Myers Squibb Company.

© 1997, Bristol-Myers Squibb Company, Princeton, New Jersey 08543, U.S.A.  
K4-K017

Please see page 64 for a brief summary of full prescribing information.

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

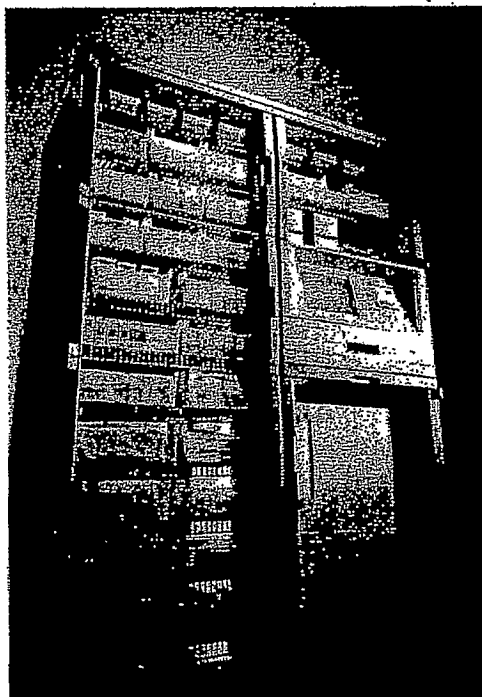
BRISTOL-MYERS SQUIBB  
Oncology

Bristol-Myers Squibb Company  
Princeton, NJ 08543  
U.S.A.

# Lynx from OTN

Respond to Today's Healthcare Challenges  
with Lynx.

Lynx™ is a point-of-care drug dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting—ending time and labor-intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.



- **Lynx Interface.** The Lynx Interface is an interpreter between your practice management system and the Lynx System. Using an interface allows for patient demographics to be updated in your Lynx System. In addition, charge information such as date, time, type of medication, billable units, and procedures can be electronically transferred from the Lynx System to your practice management system. This will make your practice more efficient and will virtually eliminate the need for super bills.
- **Control Inventory.** Automated inventory management. Electronic refill, order tracking and invoice reconciliation save your staff valuable time.
- **Capture Lost Revenue.** The Lynx System automatically captures all charges at the point-of-use—enhancing your charge capture and billing accuracy.

- **Powerfully Manage Your Information.** Drug utilization and cost information is captured at the time of transaction, providing comprehensive decision making resources for your practice.



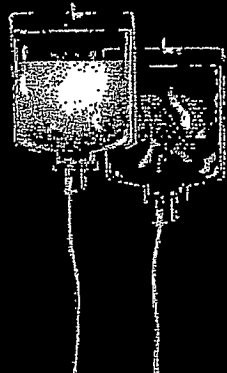
The Lynx System is fast and flexible, adapting to your changing needs. Its advanced medication and supply dispensing systems are manufactured by Pyxis Corporation; the leader in point-of-care systems for inventory and cost management. Proprietary software is tailored specifically for the special requirements of the oncologist's office, with scheduling and billing interfaces available for many commonly used practice management software programs.

**Call your OTN representative today  
to find out how to put the power of  
Lynx to work in your practice.**

**1-866-OTN-LYNX  
1-866-686-5969**







**Bristol-Myers Squibb Oncology**

## Oral Chemotherapy Increases Your Options

**Greater Convenience**

Allows for home administration.

**MCCIA Ensures Medicare Reimbursement**

For more information about the Medicare Cancer Coverage Improvement Act (MCCIA) contact the Bristol-Myers Squibb Oncology Reimbursement Assistance Program at 1-800-872-8711.

**Cytosan®**  
(cytophosphamide USP) Tablets

**VePesid®**  
(etoposide) Capsules


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**There's Still Hope**

*Schering*

# Temodar™

temozolomide capsules



**Largest Trial Conducted in Red in Recurrent Anaplastic Astrocytoma**

- Worldwide multicenter, single-arm trial at 32 centers (15 U.S., 17 International)
- 162 patients with anaplastic astrocytoma at first relapse
- Karnofsky Performance status ≥ 70
- Failed prior radiation therapy ± chemotherapy with a nitrosourea
- 54 out of 162 were considered chemotherapy naïve (relapsed following a procarbazine/nitrosourea regimen)

**12% of Refractory Patients Achieved A Response...**

- 9% (5/54) were complete responders (CRs), 13% (7/54) were partial responders (PRs)
- Median duration for all responders: 50 weeks (16-114 weeks)
- Median duration for CRs: 64 (52-114 weeks)

**...with Measurable Survival\* Results...**

- 45% of patients were progression-free at 6 months
- Median Progression-free survival was 4.4 months
- 74% of patients were alive at 6 months
- Median overall survival was 15.9 months

\* The indication for TEMODAR™ is based on the response rate in the indicated population. No results are available from randomized trials in recurrent AA that demonstrate a clinical benefit resulting from treatment, such as improvement in disease-related symptoms, disease progression, or improved survival. See pages 65 and 66 for brief summaries of full prescribing information.

ONCOLOGY THERAPEUTICS NETWORK  
1-800-482-6700

# Ethylol

## From Alza Pharmaceuticals

Alza Pharmaceuticals/US Bioscience has replaced refrigerated Ethylol with a crystalline formulation. Prior to reconstitution, Ethylol can now be stored at room temperature.

Ethylol is also mannitol-free and no longer carries the contraindication for mannitol-sensitive patients.

Ethylol is indicated to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer or non-small-cell lung cancer.



For medical questions on Ethylol, please call: 1-800-506-4959  
For reimbursement questions on Ethylol, please call: 1-800-609-1083

## CHEMOTHERAPY AND SUPPORTIVE CARE DRUGS

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Aldesleukin, powder (Interleukin-2)	Proleukin®	22 mL		CHIRON	200-500	53905-691-01	J9015	
Allopurinol Sodium	Aloprim	500 mg	6	NABI	901-400	59730-5601-1		
Alteplase	Activase®	50 mg		GENENTECH	225-050	50242-044-13	J2996	
Alteplase	Activase®	100 mg		GENENTECH	225-100	50242-085-27	J2996	
Altretamine, capsules, 50 mg	Hexalen®	100 per bottle		MEDIMMUNE	801-300	58178-001-70		
Amifostine	Ethylol®	500 mg	3	ALZA	902-500	17314-7253-3	J0207	
Amikacin Sulfate, solution (250 mg/mL)		500 mg	10	APOTHECON	920-000	0015-3020-20		
Amphotericin B Liposome injection	Abelcet®	100 mg		LIPOSOME	222-050	61799-101-41	J0286	
Amphotericin B Inj.		50 mg		APOTHECON	220-055	0003-0437-30		
Amphotericin B, cholesteryl Sulfate Cmpx Inj	Amphotec®	50 mg		ALZA	903-110	61471-115-12		
Amphotericin B, cholesteryl Sulfate Cmpx Inj	Amphotec®	100 mg		ALZA	903-120	61471-110-12		
Amphotericin B, oral suspension (100 mg/mL)	Fungizone®	24 mL		BRISTOL-MYERS SQUIBB	903-100	0087-1162-10		
Amphotericin B, powder	Amphocin	50 mg		PHARMACIA	220-060	0469-2330-90	J0285	
Ampicillin	Principen	1 g	10	APOTHECON	921-100	0015-7404-20		
Ampicillin	Principen	2 g		APOTHECON	921-200	0015-7405-20		
Arsenic Trioxide	Trisenox	10 mg/10 mL	10 amps/box	CELL THERAPEUTICS	900-810	60553-111-10		
Asparaginase, powder	Elsper®	10,000 IU		MERCK	200-100	0006-4612-00	J9020	
Atropine Sulfate (0.4 mg/mL)		1 mL vial	25	APP	843-010	63323-234-20	J0460	
Atropine Sulfate (0.4 mg/mL)		20 mL MDV	25	APP	843-005	63323-234-01	J0460	
Atropine Sulfate (1 mg/mL)		1 mL vial	25	APP	843-101	63323-246-01	J0460	
-BCG, Live Intravesical	TheraCys®	1 mL		CONNAUGHT	200-020	49281-880-01	J9031	

# This item is drop-shipped from the manufacturer

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

# Blenoxane<sup>®</sup>

(sterile bleomycin sulfate, USP)



Convenient Dosing

Minimizes Handling

With separate 30-unit packaging

Reduces Inventory

For more efficient use of staff time and shelf space

Z3-K001F 1/98

Please see page 60 for brief summary of full prescribing information

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	IN STOCK
BGG, Live Intravesical	Tice <sup>®</sup>	1 mL		ORGANON	200-010	0052-0602-02	10/31/06
Betamethasone sodium phosphate & Acetate	Celestone <sup>®</sup> Soluspan <sup>®</sup>	5 mL		SCHERING	840-310	0085-0568-05	10/31/06
Bleomycin		15 units		GENSIA	200-225	0703-3154-01	
Bleomycin		30 units		GENSIA	200-235	0703-3155-01	
Bleomycin Sulfate, powder	Blenoxane <sup>®</sup>	15 units		BRISTOL-MYERS SQUIBB	200-200	0015-3010-20	10/31/06
Bleomycin Sulfate, powder	Blenoxane <sup>®</sup>	30 units		BRISTOL-MYERS SQUIBB	200-210	0015-3083-01	10/31/06
Capecitabine, tablets, 150 mg	Xeloda <sup>®</sup>	120 per bottle		ROCHE	803-150	0004-1100-51	10/31/06
Capecitabine, tablets, 500 mg	Xeloda <sup>®</sup>	240 per bottle		ROCHE	803-500	0004-1101-16	10/31/06
Carboplatin, powder	Paraplatin <sup>®</sup>	50 mg		BRISTOL-MYERS SQUIBB	900-300	0015-3213-30	10/31/06
Carboplatin, powder	Paraplatin <sup>®</sup>	150 mg		BRISTOL-MYERS SQUIBB	900-310	0015-3214-30	10/31/06
Carboplatin, powder	Paraplatin <sup>®</sup>	450 mg		BRISTOL-MYERS SQUIBB	900-320	0015-3215-30	10/31/06
Carmustine, powder w/diluent	BICNU <sup>®</sup>	100 mg		BRISTOL-MYERS SQUIBB	200-400	0015-3012-38	10/31/06
Cefazolin Sodium Powder		500 mg 10 mL	25	SMITHKLINE	861-000	0007-3131-16	
Cefazolin Sodium Powder		1 g	25	ABBOTT	861-011	0074-4732-03	
Cefazolin Sodium Powder		500 mg 10 mL		APOTHECON	861-005	0015-7338-12	
Cefazolin Sodium Powder		1 g 10 mL	10	APOTHECON	861-015	0015-7339-12	
Ceftazidime, powder	Tazicef <sup>®</sup>	1 g	25	SMITHKLINE	861-100	0007-5082-16	10/31/06
Ceftazidime, powder	Tazicef <sup>®</sup>	2 g	10	SMITHKLINE	861-110	0007-5084-11	10/31/06
Ceftriaxone Sodium, powder	Rocephin <sup>®</sup>	500 mg	10	ROCHE	920-100	0004-1963-01	10/31/06
Ceftriaxone Sodium, powder	Rocephin <sup>®</sup>	1 g	10	ROCHE	920-110	0004-1964-01	10/31/06
Ceftriaxone Sodium, powder	Rocephin <sup>®</sup>	2 g	10	ROCHE	920-120	0004-1965-01	10/31/06
Chlorpromazine (25 mg/mL)	Thorazine	2 mL	25	LEDERLE	841-640	0641-1398-35	10/31/06
Cidofovir, injection (75 mg/5 mL)	Vistide <sup>®</sup>	375 mg		GILEAD SCIENCES	920-210	61958-0101-1	10/31/06
Cimetidine 300 mg In 0.9% Sod Cl 50 mL Bag	Tagamet		48	ABBOTT	899-997	0074-7447-16	
Cimetidine HCl, solution (150 mg/mL)	Tagamet	2 mL	10	ABBOTT	899-998	0074-7444-01	
CISplatin solution		50 mg MDV		APP	900-555	63323-103-51	
CISplatin solution		100 mg MDV		APP	900-565	63323-103-65	
CISplatin solution		200 mg MDV		APP	900-575	63323-103-64	
CISplatin solution		50 mg MDV		GENSIA	900-551	0703-5747-11	
CISplatin solution		100 mg MDV		GENSIA	900-561	0703-5748-11	
CISplatin, solution (1 mg/mL)	Platinol <sup>®</sup> -AQ	50 mg/MDV		BRISTOL-MYERS SQUIBB	900-550	0015-3220-27	

\* This item is drop-shipped from the manufacturer

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Cisplatin, solution (1 mg/mL)	Platinol <sup>®</sup> -AQ	100 mg MDV		BRISTOL-MYERS SQUIBB	900-580	0015-3221-22	J9062	
Cladribine injection PFS		10 mg		BEDFORD	215-100	55390-124-01		
Cladribine, solution (1 mg/mL)	Leustatin <sup>®</sup>	10 mg		ORTHO	215-000	55678-201-01	J9065	
Cyanocobalamin		1000 mcg/mL	25	APP	840-111	63323-044-01		
Cyanocobalamin, solution (1000 mcg/mL)		1 mL	25	LEDERLE	840-110	0841-0370-25	J3420	
Cyanocobalamin, solution (1000 mcg/mL)		30 mL MDV		AMERICAN REGENT	840-116	0781-3021-90	J3420	
Cyclophosphamide, lyophilized	Lyophilized Cytosan <sup>®</sup>	100 mg	12	BRISTOL-MYERS SQUIBB	900-605	0015-0539-41	J9093	
Cyclophosphamide, lyophilized	Lyophilized Cytosan <sup>®</sup>	200 mg	12	BRISTOL-MYERS SQUIBB	900-615	0015-0546-41	J9094	
Cyclophosphamide, lyophilized	Lyophilized Cytosan <sup>®</sup>	500 mg	12	BRISTOL-MYERS SQUIBB	900-625	0015-0547-41	J9095	
Cyclophosphamide, lyophilized	Lyophilized Cytosan <sup>®</sup>	1000 mg	6	BRISTOL-MYERS SQUIBB	900-635	0015-0548-41	J9096	
Cyclophosphamide, lyophilized	Lyophilized Cytosan <sup>®</sup>	2000 mg	6	BRISTOL-MYERS SQUIBB	900-645	0015-0549-41	J9097	
Cyclophosphamide, powder	Neosar <sup>®</sup>	100 mg	12	PHARMACIA	800-601	0013-5606-93	J9070	
Cyclophosphamide, powder	Neosar <sup>®</sup>	200 mg	12	PHARMACIA	800-611	0013-5616-93	J9080	
Cyclophosphamide, powder	Neosar <sup>®</sup>	500 mg	12	PHARMACIA	800-621	0013-5626-93	J9090	
Cyclophosphamide, powder	Neosar <sup>®</sup>	1000 mg	6	PHARMACIA	800-631	0013-5636-70	J9091	
Cyclophosphamide, powder	Neosar <sup>®</sup>	2000 mg	6	PHARMACIA	800-641	0013-5646-70	J9092	
Cyclophosphamide, tablets, 25 mg	Cytosan <sup>®</sup> Tablets	100 per bottle		BRISTOL-MYERS SQUIBB	900-650	0015-0504-01	J8530	
Cyclophosphamide, tablets, 50 mg	Cytosan <sup>®</sup> Tablets	100 per bottle		BRISTOL-MYERS SQUIBB	900-655	0015-0503-01	J8530	
Cyclophosphamide, tablets, 50 mg	Cytosan <sup>®</sup> Tablets	1000 per bottle		BRISTOL-MYERS SQUIBB	900-660	0015-0503-02	J8530	
Cytarabine Powder		100 mg	10	GENSIA	804-100	0703-5182-03		
Cytarabine Powder		500 mg	5	GENSIA	804-105	0703-5193-02		
Cytarabine Powder		1000 mg		GENSIA	804-110	0703-5194-01		
Cytarabine Powder		2000 mg		GENSIA	804-120	0703-5195-01		
Cytarabine Solution PF		100 mg/5 mL		FAULDING	807-100	61703-305-09		
Cytarabine Solution w/pres		500 mg/25 mL MDV		FAULDING	807-105	61703-304-25		
Cytarabine Solution PF		1000 mg/50 mL		FAULDING	807-110	61703-303-50		
Cytarabine Liposome, inj, 50 mg	DepoCyt <sup>™</sup>	5 mL SDV		CHIRON	200-600	53905-331-01		
Cytarabine, powder	Cytosar-U <sup>®</sup>	100 mg		PHARMACIA	805-100	0009-0373-01	J9100	
Cytarabine, powder	Cytosar-U <sup>®</sup>	500 mg		PHARMACIA	805-105	0009-0473-01	J9110	
Cytarabine, powder	Cytosar-U <sup>®</sup>	1000 mg		PHARMACIA	805-110	0009-3295-01	J9110	
Cytarabine, powder	Cytosar-U <sup>®</sup>	2000 mg		PHARMACIA	805-120	0009-3296-01	J9110	
Cytarabine, powder		100 mg		BEDFORD	803-100	55390-131-10	J9100	
Cytarabine, powder		500 mg		BEDFORD	803-105	55390-132-10	J9110	
Cytarabine, powder		1000 mg		BEDFORD	803-110	55390-133-01	J9110	
Cytarabine, powder		2000 mg		BEDFORD	803-120	55390-134-01	J9110	
Dacarbazine, powder		100 mg	10	APP	100-820	63323-127-10		
Dacarbazine, powder		200 mg	10	APP	100-821	63323-128-20		
Dacarbazine, powder	DTIC-Dome <sup>®</sup>	200 mg	12	BAYER	100-810	0026-8151-20	J9140	
Dacarbazine, powder		200 mg		GENSIA	100-811	0703-5075-01	J9140	
Dactinomycin	Cosmegen <sup>®</sup>	0.5 mg		MERCK	900-900	0006-3298-22	J9120	
Dalteparin, sodium (10,000 IU/mL)	Fragmin <sup>®</sup>	0.5 mL MDV		PHARMACIA	840-980	0013-2436-06	J1645	
Dalteparin, sodium (2,500 IU syringe)	Fragmin <sup>®</sup>	0.2 mL	10	PHARMACIA	840-970	0013-2405-91	J1645	
Dalteparin, sodium (5,000 IU syringe)	Fragmin <sup>®</sup>	0.2 mL	10	PHARMACIA	840-975	0013-2426-91	J1645	
Daunorubicin, powder		20 mg	10	APP	901-125	63323-119-08		



ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC
Daunorubicin HCl, powder	Cerubidine®	20 mg	10	BEDFORD	201-104	55390-108-10
Daunorubicin liposome injection	DaunoXome®	50 mg		NEXSTAR	101-000	55146-0301-1
Deferoxamine Mesylate, powder	Desferal®	500 mg	4	NOVARTIS	940-200	0083-3801-04
Deferoxamine Mesylate, powder	Desferal®	2 g	4	NOVARTIS	940-202	0078-0347-51
Denileukin Diffitox, inj. (150 mcg/mL)	ONTAK®	300 mcg	6	LIGAND	220-550	64635-503-01
Desmopressin Acetate	DDAVP®	4 mcg/mL 1mL	10	GENSIA	240-311	0703-5051-03
Desmopressin Acetate	DDAVP®	4 mcg/mL 10mL MDV		GENSIA	240-341	0703-5054-01
Desmopressin Acetate	DDAVP®	4 mcg/mL 10mL MDV		AVENTIS	240-340	0075-2451-53
Desmopressin Acetate, solution (4 mcg/mL)	DDAVP®	4 mcg amp	10	AVENTIS	240-310	0075-2451-01
Dexamethasone inj		4 mg/mL 20mg	25	APP	840-400	63323-165-05
Dexamethasone Tabs		4 mg	50/box	PAR PHARM	840-445	48984-087-03
Dexamethasone Sodium Phosphate (10 mg/mL)		10 mL MDV		GENSIA	840-420	0703-3524-01
Dexamethasone Sodium Phosphate (4 mg/mL)		5 mL MDV	25	AMERICAN REGENT	840-401	63323-165-05
Dexamethasone Sodium Phosphate (4 mg/mL)		30 mL MDV	25	AMERICAN REGENT	840-440	0517-4930-25
Dextroazoxane for injection, powder	Zinecard™	250 mg		PHARMACIA	902-250	0013-8715-62
Dextroazoxane for injection, powder	Zinecard™	500 mg		PHARMACIA	902-260	0013-8725-89
Diazepam, solution (5 mL/mL) C-IV		10 mL CTV	5	ABBOTT	860-111	0074-3213-02
Diphenhydramine solution (50 mg/mL)		1 mL	25	LEDERLE	840-520	0641-0376-25
Diphenhydramine solution (50 mg/mL)	Benadryl	10 mL MDV		PARKE-DAVIS	840-500	0071-4402-10
DMSO (Dimethyl Sulfoxide), 50% solution	Rimso-50	50 mL		RESEARCH IND PHARM	841-850	0433-0433-05
Doxetaxel for injection	Taxotere®	20 mg		AVENTIS	201-120	0075-8001-20
Doxetaxel for injection	Taxotere®	80 mg		AVENTIS	201-180	0075-8001-80
Dolasetron mesylate, tablets, 100 mg	Anzemet®	5 pk		AVENTIS	970-300	0088-1203-29
Dolasetron mesylate, tablets, 100 mg	Anzemet®	5 per bottle		AVENTIS	970-305	0088-1203-05
Dolasetron mesylate, tablets, 100 mg	Anzemet®	10 per bottle		AVENTIS	970-310	0088-1203-43
Dolasetron mesylate, solution (20 mg/mL)	Anzemet®	100 mg		AVENTIS	900-250	0088-1206-32
Doxorubicin HCl, liposome injection (2 mg/mL)	Doxil®	20 mg		ALZA	101-020	17314-9500-1
Doxorubicin HCl, liposome injection (2 mg/mL)	Doxil®	50 mg		ALZA	101-020	17314-9500-1
Doxorubicin HCl Liposome 50 mg	Doxil® 50 mg	vial	1	ALZA	101-050	17314-9500-2
Doxorubicin Solution		10 mg		APP	103-010	0469-8830-20
Doxorubicin Solution		50 mg		APP	103-050	0469-8832-50
Doxorubicin Solution		200 mg		APP	103-200	63323-101-61
Doxorubicin PFS		10 mg		GENSIA	102-210	0703-5043-03
Doxorubicin PFS-Plastic		50 mg		GENSIA	102-215	0703-5046-01
Doxorubicin PFS-Plastic		200 mg		GENSIA	102-220	0703-5040-01
Doxorubicin HCl, powder	Rubex®	50 mg		BRISTOL-MYERS SQUIBB	801-120	0015-3352-22
Doxorubicin HCl, powder	Rubex®	100 mg		BRISTOL-MYERS SQUIBB	801-130	0015-3353-22
Doxorubicin HCl, powder	Adriamycin RDF™	10 mg		PHARMACIA	801-105	0013-1086-91
Doxorubicin HCl, powder	Adriamycin RDF™	20 mg		PHARMACIA	801-115	0013-1096-91
Doxorubicin HCl, powder	Adriamycin RDF™	50 mg		PHARMACIA	801-125	0013-1106-79
Doxorubicin HCl, powder	Adriamycin RDF™	150 mg MDV		PHARMACIA	801-145	0013-1116-83
Doxorubicin HCl, Solution (2 mg/mL)	Adriamycin RDF™	10 mg		PHARMACIA	101-100	0013-1136-91
Doxorubicin HCl, Solution (2 mg/mL)	Adriamycin RDF™	20 mg		PHARMACIA	101-110	0013-1146-91

■ This item is drop-shipped from the manufacturer.

▲ NOTE: We must have a copy of your DEA certificate on file to ship controlled substances indicated by C-III or C-IV.

□ Self-administered antiemetic drugs are covered by Medicare when they are necessary for the administration and absorption of the (Medicare-covered) oral anticancer chemotherapeutic agents when a high likelihood of

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

[REDACTED] - [REDACTED]

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Doxorubicin HCl, Solution (2 mg/mL)	Adriamycin RDF™	50 mg		PHARMACIA	101-120	0013-1156-79	J9000	
Doxorubicin HCl, Solution (2 mg/mL)	Adriamycin RDF™	75 mg		PHARMACIA	101-130	0013-1176-87	J9000	
Doxorubicin HCl, Solution (2 mg/mL)	Adriamycin RDF™	200 mg		PHARMACIA	101-150	0013-1166-83	J9000	
Doxorubicin HCl, Solution (2 mg/mL)		10 mg	10	BEDFORD	102-010	55390-235-10	J9000	
Doxorubicin HCl, Solution (2 mg/mL)		20 mg	10	BEDFORD	102-020	55390-236-10	J9000	
Doxorubicin HCl, Solution (2 mg/mL)		50 mg		BEDFORD	102-050	55390-237-01	J9000	
Doxorubicin HCl, Solution (2 mg/mL)		200 mg MDV		BEDFORD	102-200	55390-238-01	J9000	
Doxorubicin Powder		10 mg	10	BEDFORD	803-010	55390-231-10		
Doxorubicin Powder		20 mg	10	BEDFORD	803-020	55390-232-10		
Doxorubicin Powder		50 mg		BEDFORD	803-050	55390-233-01		
Doxycycline Hyclate, powder	Doxy 100	100 mg	5	APP	861-120	63323-130-10		
Enoxaparin Sodium, Syringe	Lovenox®	30 mg/0.3 mL	10	AVENTIS	840-860	0075-0624-30	J1650	
Enoxaparin Sodium, Syringe	Lovenox®	40 mg/0.4 mL	10	AVENTIS	840-865	0075-0620-40	J1650	
Enoxaparin Sodium, Syringe	Lovenox®	60 mg/0.6 mL	10	AVENTIS	840-866	0075-0621-60	J1650	
Enoxaparin Sodium, Syringe	Lovenox®	80 mg/0.8 mL	10	AVENTIS	840-868	0075-0622-80	J1650	
Enoxaparin Sodium, Syringe	Lovenox®	100 mg/mL	10	AVENTIS	840-910	0075-0623-00	J1650	
Epirubicin HCl Inj PF	Ellence	50 mg/25 mL SCV		PHARMACIA	101-030	0009-5091-01		
Epirubicin HCl Inj PF	Ellence	200 mg/100 mL SCV		PHARMACIA	101-040	0009-5093-01		
Epoetin Alpha	Procrit®	2000 u/mL	6	ORTHO	223-100	59676-302-01	Q0136	
Epoetin Alpha	Procrit®	3000 u/mL	6	ORTHO	223-200	59676-303-01	Q0136	
Epoetin Alpha	Procrit®	3000 u/mL	25	ORTHO	223-530	59676-303-02	Q0136	
Epoetin Alpha	Procrit®	3000 u/mL	6	ORTHO	223-300	59676-304-01	Q0136	
Epoetin Alpha	Procrit®	4000 u/mL	25	ORTHO	223-540	59676-304-02	Q0136	
Epoetin Alpha	Procrit®	10000 u/mL	6	ORTHO	223-400	59676-310-01	Q0136	
Epoetin Alpha	Procrit®	10000 u/mL	25	ORTHO	223-590	59676-310-02	Q0136	
Epoetin Alpha	Procrit®	20000 u/mL MDV	6	ORTHO	223-695	59676-320-01	Q0136	
Epoetin Alpha	Procrit®	20000 u/2 mL MDV	6	ORTHO	223-405	59676-312-01	Q0136	
Epoetin Alpha	Procrit®	40000 u/1 mL	4	ORTHO	223-600	59676-340-01	Q0136	
Ethyl Chloride Spray (Medium Nozzle)		3.5 oz		GEBAUER	842-106	0386-0001-03		
Etoposide phosphate for injection	Etopophos®	100 mg		BRISTOL-MYERS SQUIBB	101-275	0015-3044-20		
Etoposide, capsules, 50 mg	VePesid® Capsules	20 per bottle		BRISTOL-MYERS SQUIBB	201-205	0015-3091-45	J8560	
Etoposide, injection (20 mg/mL)	VePesid®	100 mg MDV		BRISTOL-MYERS SQUIBB	901-200	0015-3085-20	J9182	
Etoposide, injection (20 mg/mL)	VePesid®	150 mg MDV		BRISTOL-MYERS SQUIBB	901-250	0015-3084-20	J9182	
Etoposide, injection (20 mg/mL)	VePesid®	500 mg MDV		BRISTOL-MYERS SQUIBB	901-260	0015-3081-20	J9182	
Etoposide, injection (20 mg/mL)	VePesid®	1 gram MDV		BRISTOL-MYERS SQUIBB	901-270	0015-3082-20	J9182	
Etoposide, injection (20 mg/mL) (glass)		500 mg		GENSIA	901-171	0703-5666-01	J9182	
Etoposide, injection (20 mg/mL) (glass)		1000 mg		GENSIA	901-170	0703-5667-01	J9182	
Etoposide, injection (20 mg/mL) (plastic)		100 mg		GENSIA	901-160	0703-5653-01	J9182	
Etoposide, injection (20 mg/mL) (plastic)		500 mg		GENSIA	901-185	0703-5656-01	J9182	
Etoposide, injection (20 mg/mL) (plastic)		1000 mg		GENSIA	901-175	0703-5657-01	J9182	
Etoposide	Toposar	100 mg		PHARMACIA	801-501	0013-7335-91		
Etoposide	Toposar	200 mg		PHARMACIA	801-502	0013-7346-94		
Etoposide	Toposar	500 mg		PHARMACIA	801-505	0013-7356-88		
Etoposide		500 mg/25 mL MDV		APP	901-178	63323-104-25		

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

# LEUKINE<sup>®</sup> Liquid (GM-CSF, sargramostim)



- Easier to Use
- Multi-Dose Vial
- Bioequivalent to Lyophilized Powder
- Saves Time
- Leukine Liquid Quick Reference Guide
- Less Waste and Saves Money
- Available from Immunex

Immunex Reimbursement Hotline  
1-800-321-4669

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Etoposide		1 g/50 mL MDV		APP	801-178	63323-104-50		
Etoposide		100 mg		BEDFORD	901-161	55390-291-01		
Etoposide Inj		500 mg, 25 mL MDV		BEDFORD	901-166	55390-292-01		
Etoposide Inj		1000 mg, 50 mL MDV		BEDFORD	901-173	55390-293-01		
Exemestane	Aromasin	25 mg	30 Tabs/box	PHARMACIA	920-430	0009-7663-04		
Famotidine (10 mg/mL)	Pepcid <sup>®</sup>	2 mL	10	MERCK	110-110	0006-3539-04		
Famotidine (10 mg/mL)	Pepcid <sup>®</sup>	4 mL MDV		MERCK	110-112	0006-3541-14		
Floxuridine, powder	FUDR <sup>®</sup>	500 mg		BEDFORD	901-310	55390-135-01	J9200	
Fluconazole, (200 mg/100 mL)	Diflucan <sup>®</sup>	200 mg/100 mL	6/box	PFIZER	920-130	0049-3371-26	J1450	
Fluconazole, (400 mg/200 mL)	Diflucan <sup>®</sup>	400 mg/200 mL	6/box	PFIZER	920-135	0049-3372-26	J1450	
Fludarabine Phosphate, powder	Fludara <sup>®</sup>	50 mg	5	BERLEX	210-000	50419-511-06	J9185	
Flumazenil (0.1 mg/mL)	Romazicon <sup>®</sup>	0.5 mg MDV	10	ROCHE	840-150	0004-6911-06		
Flumazenil (0.1 mg/mL)	Romazicon <sup>®</sup>	10 mL MDV	10	ROCHE	840-160	0004-6912-06		
Fluorouracil, solution (50 mg/mL)	Adrucil <sup>®</sup>	500 mg	10	PHARMACIA	801-415	0013-1036-91	J9190	
Fluorouracil, solution (50 mg/mL)	Adrucil <sup>®</sup>	2500 mg	5	PHARMACIA	801-425	0013-1046-94	J9190	
Fluorouracil, solution (50 mg/mL)	Adrucil <sup>®</sup>	5000 mg	5	PHARMACIA	801-475	0013-1056-94	J9190	
Fluorouracil		500 mg/10 mL	10	APP	801-510	63323-117-10		
Fluorouracil		1000 mg/20 mL	10	APP	801-520	63323-117-20		
Fluorouracil		2500 mg/50 mL		APP	801-550	63323-117-51		
Fluorouracil		5000 mg/100 mL		APP	801-500	63323-117-61		

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

Fluorouracil - Fluorouracil

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Fluorouracil		500 mg/10 mL	10	GENSIA	801-610	0703-3015-13		
Fluorouracil		2500 mg/50 mL		GENSIA	801-625	0703-3018-12		
Fluorouracil		5000 mg/100 mL		GENSIA	801-650	0703-3019-12		
Furosemide, solution (10 mg/mL)	Lasix®	20 mg	25	ABBOTT	840-602	0074-6102-02	J1940	
Furosemide, solution (10 mg/mL)	Lasix®	40 mg	25	ABBOTT	840-604	0074-6102-04	J1940	
Furosemide, solution (10 mg/mL)	Lasix®	20 mg	25	AMERICAN REGENT	840-800	0517-5702-25	J1940	
Furosemide, solution (10 mg/mL)	Lasix®	40 mg	25	AMERICAN REGENT	840-820	0517-5704-25	J1940	
G-CSF (Filgrastim), solution (0.3 mg/mL)	Neupogen®	300 mcg	10	AMGEN	221-110	55513-546-10	J1440	
G-CSF (Filgrastim), solution (0.3 mg/mL)	Neupogen®	480 mcg	10	AMGEN	221-100	55513-530-10	J1441	
G-CSF (Filgrastim), syr. 0.5 mL	Neupogen®	300 mcg	10	AMGEN	221-200	55513-924-10		
G-CSF (Filgrastim), syr. 0.8 mL	Neupogen®	480 mcg	10	AMGEN	221-210	55513-209-10		
GM-CSF (Sargramostim), Solution	Leukine® Liquid	500 mcg	5	IMMUNEX	222-116	58406-050-30	J2820	
GM-CSF (Sargramostim), lyophilized powder	Leukine®	250 mcg	5	IMMUNEX	222-105	58406-002-33	J2820	
Gemcitabine HCl	Gemzar®	200 mg		ELI LILLY	800-902	0002-7501-01	J9201	
Gemcitabine HCl	Gemzar®	1 g		ELI LILLY	800-910	0002-7502-01	J9201	
Gentuzumab 5 mg/20 mL Vial (Mylotarg)	Mylotarg	5 mg/20 mL		LEDERLE	215-500	0008-4510-01		
Gentamycin		40 mg MDV 2 mL	25	APP	860-200	63323-010-02		
Gentamycin Sulfate (40 mg/mL)		2 mL MDV	25	ABBOTT	860-201	0074-1207-03	J1580	
Gentamycin Sulfate (40 mg/mL)		20 mL MDV	25	APP	860-211	63323-010-20	J1580	
Goserelin Acetate, implant (1 month)	Zoladex®	3.6 mg syringe		ZENECA	901-500	0310-0960-36	J9202	
Goserelin Acetate, implant (3 month)	Zoladex®	10.8 mg syringe		ZENECA	901-510	0310-0961-30	J9202	
Granisetron HCl, solution (1 mg/mL)	Kytril®	1 mL		SMITHKLINE	900-200	0029-4149-01	J1626	
Granisetron HCl, solution (1 mg/mL)	Kytril®	4 mL MDV		SMITHKLINE	900-204	0029-4152-01	J1626	
Granisetron HCl, tablets, 1 mg	Kytril®	2 per bottle		SMITHKLINE	970-202	0029-4151-39	Q0166	Ω
Granisetron HCl, tablets, 1 mg	Kytril®	20 per bottle		SMITHKLINE	970-220	0029-4151-05	Q0166	Ω
Heparin Flush Solution		100 u/mL 10 mL	25	ABBOTT	840-720	0074-1152-70	J1642	
Heparin Sodium Lock Flush (100 u/mL)		30 mL	25	ABBOTT	840-725	0074-1152-78	J1642	
Heparin Sodium Lock Flush (10 u/mL)		30 mL	25	ABBOTT	840-700	0074-1151-78	J1642	
Heparin Sodium Lock Flush (10 u/mL)		10 mL MDV	25	ABBOTT	840-695	0074-1151-70	J1642	
Heparin Sodium, solution (10,000 u/mL)		4 mL MDV	25	LEDERLE	840-790	0641-2470-45	J1644	
Heparin Sodium, solution (1000 u/mL)		1 mL	25	LEDERLE	840-730	0641-0391-25	J1644	
Heparin Sodium		1000 u/mL 10 mL	25	LEDERLE	840-735	0641-2440-45		
Heparin Sodium Solution		1000 u/mL 30 mL	25	LEDERLE	840-740	0641-2450-45		
Heparin Solution		10,000 u/mL 4 mL	25	LEDERLE	840-790	0641-2470-45		
Heparin Sodium Solution		1000 u/mL 30 mL	25	APP	840-741	63323-038-30		
Heparin Sodium, solution (5000 u/mL)		1 mL MDV	25	APP	840-751	63323-262-01	J1644	
Heparin Solution		20,000 u/mL MDV	25	APP	840-801	63323-915-01		
Heparin Sodium, solution (5000 u/mL)		10 mL MDV	25	APP	840-760	63323-047-10	J1644	
Heparin Syringe (100 u/mL), Carpuject		3 mL	25	ABBOTT	840-721	0074-1261-03	J1642	
Hepatitis A Vaccine, Inactivated (1440 EL u/mL) Havrix®		1 dose syringe		SKB	230-051	58160-835-32	90832	
Hepatitis B Immune Globulin, solvent detergent Bay-Hep B		1 mL		BAYER	140-002	0026-0636-01	90744	
Hepatitis B Vaccine	Engerix-B™ Pediatric	10 mcg/0.5 mL		SMITHKLINE	230-100	58160-859-01	90744	
Hepatitis B Vaccine	Engerix-B™	20 mcg/mL		SMITHKLINE	230-110	58160-860-01	90746	

Ω Self-administered antineoplastic drugs are covered by Medicare when they are "necessary for the administration and absorption of the (Medicare-covered) oral anticancer chemotherapeutic agents when a high likelihood of vomiting exists."



11/10/06 10:00 AM - 11/10/06 10:00 AM

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Hyaluronidase, solution (150 u/mL)	Wydase <sup>TM</sup>	10 mL		LEDERLE	200-300	0008-0170-02	J3470	
Hydrocortisone Sod. Succ powder	A-Hydrocort	100 mg	10	ABBOTT	840-451	0074-5671-02	J1720	
Hydroxyurea, capsules, 200 mg	Droxia <sup>®</sup>	60 per bottle		BRISTOL-MYERS SQUIBB	903-200	0003-6335-17		
Hydroxyurea, capsules, 300 mg	Droxia <sup>®</sup>	60 per bottle		BRISTOL-MYERS SQUIBB	903-300	0003-6336-17		
Hydroxyurea, capsules, 400 mg	Droxia <sup>®</sup>	60 per bottle		BRISTOL-MYERS SQUIBB	903-400	0003-6337-17		
Hydroxyurea, capsules, 500 mg	Hydrea <sup>®</sup>	100 per bottle		BRISTOL-MYERS SQUIBB	903-090	0003-0830-50		
Hydroxyzine, solution (25 mg/mL)		1 mL SDV	25	APP	841-651	63323-021-01	J3410	
Hydroxyzine, solution (50 mg/mL)		10 mL MDV	25	AMERICAN REGENT	841-656	0517-5610-25	J3410	
Idarubicin, solution	Idamycin <sup>®</sup>	5 mg		PHARMACIA	102-305	0013-2538-78	J9211	
Idarubicin, solution	Idamycin <sup>®</sup>	10 mg		PHARMACIA	102-310	0013-2546-88	J9211	
Idarubicin, solution	Idamycin <sup>®</sup>	20 mg		PHARMACIA	102-320	0013-2556-67	J9211	
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Ifex/Mesnex <sup>TM</sup>	Combo-Pack		BRISTOL-MYERS SQUIBB	901-611	0015-3554-27	J9208/ J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Ifex/Mesnex <sup>TM</sup>	Combo-Pack		BRISTOL-MYERS SQUIBB	901-606	0015-3554-15	J9208/ J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Ifex/Mesnex <sup>TM</sup>	Combo-Pack		BRISTOL-MYERS SQUIBB	901-601	0015-3556-26	J9208/ J9209	

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

**IMMUNE GLOBULIN IV:**

Listed below are the commercially-available Immune Globulin Intravenous (IGIV) products carried by OTN\*. We have provided parameters for each product to assist you in determining which IGIV product(s) best meet your needs.

**IMMUNE GLOBULIN IV, 5% SOLUTION:**

CATALOG NUMBER	HCPCS CODE	DISTRIBUTOR OR MANUFACTURER	BRAND NAME	UNIT SIZE	IV SET	STORAGE	VIRAL INACTIVATION	IgA CONTENT
141-021	J1561	Bayer	Gamimune® N, S/D	0.5 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
141-031	J1561	Bayer	Gamimune® N, S/D	2.5 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
141-041	J1561	Bayer	Gamimune® N, S/D	5 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
141-051	J1561	Bayer	Gamimune® N, S/D	12.5 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL

**IMMUNE GLOBULIN IV, 10% SOLUTION:**

CATALOG NUMBER	HCPCS CODE	DISTRIBUTOR OR MANUFACTURER	BRAND NAME	UNIT SIZE	IV SET	STORAGE	VIRAL INACTIVATION	IgA CONTENT
142-011	J1562	Bayer	Gamimune® N, S/D	1 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
142-025	J1562	Bayer	Gamimune® N, S/D	2.5 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
142-051	J1562	Bayer	Gamimune® N, S/D	5 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
142-101	J1562	Bayer	Gamimune® N, S/D	10 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL
142-201	J1562	Bayer	Gamimune® N, S/D	20 g	No	Refrigerate 2-8°C	Solvent detergent	200-270 mcg/mL

\* Subject to availability from the various manufacturers.

Immunoglobulin Intravenous, CMV - Cytogam  
Immunoglobulin Intravenous, RSV - Respigam

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Immunoglobulin Intravenous, CMV	Cytogam	2.5 g/50 mL	2	MEDIMMUNE	145-125	60574-3101-1	J0850	
Immunoglobulin Intravenous, RSV	Respigam	50 mL		MEDIMMUNE	145-025	60574-2101-1	J1555	
Interferon alfa 2a (3 mL/0.5 mL) syringe	Roferon <sup>®</sup> -A	3 mL		ROCHE	220-101	0004-2015-09	J9213	#
Interferon alfa 2a (3 mL/0.5 mL) syringe, 6/box	Roferon <sup>®</sup> -A	3 mL	6/box	ROCHE	220-105	0004-2015-07	J9213	#
Interferon alfa 2a (6 mL/0.5 mL), Syringe	Roferon <sup>®</sup> -A	6 mL		ROCHE	220-261	0004-2016-09	J9213	#
Interferon alfa 2a (6 mL/0.5 mL), Syringe, 6/box	Roferon <sup>®</sup> -A	6 mL	6/box	ROCHE	220-266	0004-2016-07	J9213	#
Interferon alfa 2a (9 mL/0.5 mL), Syringe	Roferon <sup>®</sup> -A	9 mL		ROCHE	220-281	0004-2017-09	J9213	#
Interferon alfa 2a (9 mL/0.5 mL), Syringe, 6/box	Roferon <sup>®</sup> -A	9 mL	6/box	ROCHE	220-286	0004-2017-07	J9213	#
Interferon alfa 2a, solution (10 mL/mL)	Roferon <sup>®</sup> -A	10 mL		ROCHE	220-105	0004-2010-09	J9213	#
Interferon alfa 2a, solution (36 mL/mL)	Roferon <sup>®</sup> -A	36 mL		ROCHE	220-120	0004-2012-09	J9213	#
Interferon alfa 2a, solution (3 mL/mL)	Roferon <sup>®</sup> -A	3 mL		ROCHE	220-100	0004-2009-09	J9213	#
Interferon alfa 2a, solution (6 mL/mL)	Roferon <sup>®</sup> -A	18 mL		ROCHE	220-110	0004-2011-09	J9213	#
Interferon alfa 2b, 6 doses	Intron <sup>®</sup> -A Multidose Pen	3 mL Pen		SCHERING	220-158	0085-1242-01	J9214	
Interferon alfa 2b, 6 doses	Intron <sup>®</sup> -A Multidose Pen	5 mL Pen		SCHERING	220-168	0085-1235-01	J9214	
Interferon alfa 2b, 6 doses	Intron <sup>®</sup> -A Multidose Pen	10 mL Pen		SCHERING	220-178	0085-1254-01	J9214	
Interferon alfa 2b, HSA-free solution	Intron <sup>®</sup> -A	18 mL MDV		SCHERING	220-191	0085-1168-01	J9214	
Interferon alfa 2b, HSA-free solution	Intron <sup>®</sup> -A	25 mL MDV		SCHERING	220-194	0085-1133-01	J9214	
Interferon alfa 2b, HSA-free solution, PAK-10	Intron <sup>®</sup> -A	10 mL/1 mL	6	SCHERING	220-174	0085-1179-02	J9214	▼
Interferon alfa 2b, HSA-free solution, PAK-3	Intron <sup>®</sup> -A	3 mL/0.5 mL	6	SCHERING	220-155	0085-1104-02	J9214	▼
Interferon alfa 2b, HSA-free solution, PAK-5	Intron <sup>®</sup> -A	5 mL/0.5 mL	6	SCHERING	220-166	0085-1191-02	J9214	▼
Interferon alfa 2b powder w/dil & syr	Intron <sup>®</sup> -A	3 mL	6	SCHERING	220-153	0085-0647-05	J9214	**
Interferon alfa 2b, lyophilized powder	Intron <sup>®</sup> -A	5 mL		SCHERING	220-160	0085-0120-02	J9214	**
Interferon alfa 2b, lyophilized powder	Intron <sup>®</sup> -A	10 mL		SCHERING	220-170	0085-0571-02	J9214	**
Interferon alfa 2b, lyophilized powder	Intron <sup>®</sup> -A	18 mL		SCHERING	220-185	0085-1110-01	J9214	**
Interferon alfa 2b, lyophilized powder	Intron <sup>®</sup> -A	25 mL		SCHERING	220-175	0085-0285-02	J9214	**
Interferon alfa 2b, lyophilized powder	Intron <sup>®</sup> -A	50 mL		SCHERING	220-180	0085-0539-01	J9214	**
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	1200 Pak 3		SCHERING	220-300	0085-1241-01	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	1200 Pen		SCHERING	220-305	0085-1259-01	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	1200 MDV		SCHERING	220-310	0085-1236-01	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	1000 Pak 3		SCHERING	220-320	0085-1241-02	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	1000 Pen		SCHERING	220-325	0085-1259-02	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	1000 MDV		SCHERING	220-330	0085-1236-02	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	600 Pak 3		SCHERING	220-340	0085-1241-03	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	600 Pen		SCHERING	220-345	0085-1259-03	J9214	
Interferon alfa 2b/Ribavirin	Rebetron <sup>™</sup>	600 MDV		SCHERING	220-350	0085-1236-03	J9214	
Interferon alfa N3, solution (5 mL/mL)	Alferon <sup>®</sup> -N	5 mL		INTERFERON SCIENCES	220-200	54746-001-01	J9215	
Interferon alfacon-1 (15 mcg)	Infergen <sup>®</sup>	0.5 mL	6	AMGEN	220-405	55513-562-08	J9212	
Interferon alfacon-1 (9 mcg)	Infergen <sup>®</sup>	0.3 mL	6	AMGEN	220-400	55513-554-06	J9212	
Interferon gamma-1b, solution (3 mL/0.5 mL)	Actimmune <sup>®</sup>	3 mL		INTERMUNE	220-210	64116-011-01	J9216	
Interferon gamma-1b	Actimmune <sup>®</sup>	1 mcg 0.5 mL	12	INTERMUNE	220-220	64116-011-12	J9216	
irinotecan HCl (20 mg/mL)	Camptosar <sup>®</sup>	2 mL		PHARMACIA	901-282	0009-7529-02	J9206	
irinotecan HCl (20 mg/mL)	Camptosar <sup>®</sup>	5 mL		PHARMACIA	901-290	0009-7529-01	J9206	

▲ This item is ship-together with the manufacturer.

▼ PAKs include six vials, six syringes, and six diluent vials. Formulation is recommended for intramuscular, subcutaneous or intravenous administration. Intron A solutions for injection are not recommended for IV administration.

\*\* Powders include one vial of diluent. Formulation is recommended for intramuscular, subcutaneous, intravenous, or intravenous administration.

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTE
Iron Dextran, solution (100 mg/2 mL)	Dexferum <sup>®</sup>	2 mL	10	SCHEIN	941-100	0364-3012-47	J1750	
Iron Dextran, solution (100 mg/2 mL)	Infed <sup>™</sup>	2 mL	10	AMERICAN REAGENT	941-105	0517-0234-10	J1750	
Kenalog		10 mg/mL 5 mL		APOTHECON	880-010	0003-0494-20		
Kenalog		40 mg/mL 1 mL		APOTHECON	880-301	0003-0293-05		
Kenalog		40 mg/mL 5 mL		APOTHECON	880-315	0003-0293-20		
Ketorolac Tromethamine, solution (15 mg/mL)	Toradol <sup>®</sup>	15 mg syringe	10	ROCHE	841-370	0004-6921-06	J1885	
Ketorolac Tromethamine, solution (30 mg/mL)	Toradol <sup>®</sup>	30 mg syringe	10	ROCHE	841-380	0004-6923-06	J1885	
Ketorolac Tromethamine, solution (30 mg/mL)	Toradol <sup>®</sup>	60 mg syringe	10	ROCHE	841-390	0004-6924-09	J1885	
Ketorolac Tromethamine, solution (30 mg/mL)	Toradol <sup>®</sup>	60 mg		ROCHE	841-395	0004-6927-09	J1885	
Leucovorin Calcium, solution (10 mg/mL)		100 mg		ABBOTT	240-100	0074-4541-02		
Leucovorin Calcium, solution (10 mg/mL)		250 mg		ABBOTT	240-250	0074-4541-04		
Leucovorin Calcium Solution		500 mg		GENSIA	240-500	0703-5138-01		
Leucovorin Solution		500 mg		BEDFORD	240-550	55390-009-01		
Leucovorin Calcium, tablets, 15 mg		24 per bottle		IMMUNEX	801-775	58406-626-74		
Leucovorin Calcium, Tablets, 5 mg		100 per bottle		IMMUNEX	801-755	58406-624-67		
Leucovorin, powder		50 mg		BEDFORD	803-305	55390-051-10	J0640	
Leucovorin, powder		100 mg		BEDFORD	803-310	55390-052-10	J0640	
Leucovorin, powder		200 mg		BEDFORD	803-320	55390-053-01	J0640	
Leucovorin Calcium, powder		500 mg 100 mL		APP	806-500	63323-711-60		
Leucovorin, powder		100 mg		GENSIA	901-180	0703-5140-01	J0640	
Leucovorin, powder		350 mg		GENSIA	901-185	0703-5145-01	J0640	
Leucovorin, powder		350 mg		IMMUNEX	801-725	58406-623-07	J0640	
Leucovorin, powder		350 mg		BEDFORD	803-335	55390-054-01	J0640	
Leuprolide Acetate Depot, suspension (1-month) Lupron Depot <sup>®</sup>		7.5 mg		TAP	901-850	0300-3642-01	J8217	
Leuprolide Acetate Depot, suspension (3-month) Lupron Depot <sup>®</sup>		22.5 mg		TAP	901-855	0300-3346-01	J8217	
Leuprolide 14 Day Kit (2.8 mL 5 mg/mL)		14 Day Kit		TAP	201-801	0300-3612-28		
Levamisole HCl, tablets, 50 mg	Ergamisol <sup>®</sup>	96 per bottle		JANSSEN	801-150	59458-270-36		
Lido/Prilocaine	EMLA <sup>®</sup>	30 g		ASTRA ZENECA	842-102	0186-1516-01	J3490	
Lido/Prilocaine	EMLA <sup>®</sup>	5 g		ASTRA ZENECA	842-100	0186-1515-01	J3490	
Lido/Prilocaine	EMLA <sup>®</sup>	5 g	5	ASTRA ZENECA	842-101	0186-1515-03	J3490	
Lidocaine, 1% solution (10 mg/mL)		500 mg	25	AMERICAN REAGENT	841-990	0517-0625-25		
Lidocaine, 1% solution (10 mg/mL)		50 mL	25	ABBOTT	841-991	0074-4276-02	J2000	
Lidocaine, 2% solution (20 mg/mL)		2 mL amp	25	ABBOTT	842-000	0074-4282-01	J2000	
Lidocaine, 2% solution (20 mg/mL)		50 mL	25	ABBOTT	842-011	0074-4277-02	J2000	
Lidocaine Inj. 2%		50 mL MDV	25	LEDERLE	842-010	0641-2410-45		
Lomustine, capsules	CeeNu <sup>®</sup>	Dose Pack		BRISTOL-MYERS SQUIBB	903-034	0015-3034-10		
Lomustine, capsules 100 mg	CeeNu <sup>®</sup>	20 per bottle		BRISTOL-MYERS SQUIBB	903-032	0015-3032-20		
Lomustine, capsules 10 mg	CeeNu <sup>®</sup>	20 per bottle		BRISTOL-MYERS SQUIBB	903-030	0015-3030-20		
Lomustine, capsules 40 mg	CeeNu <sup>®</sup>	20 per bottle		BRISTOL-MYERS SQUIBB	903-031	0015-3031-20		
Loperamide 2 mg capsules	Imodium <sup>®</sup> A/D	12 pack		MCNEIL	970-950	0045-0295-12		
Lorazepam, solution (2 mg/mL) C-IV		1 mL MDV		ABBOTT	261-003	0074-6778-01	J2060	Δ
Lorazepam, solution (2 mg/mL) C-IV		10 mL MDV		ABBOTT	261-025	0074-6760-01	J2060	Δ
Lorazepam, solution (2 mg/mL), w-Hypak syringe C-IV		2 mg syringe	25	ABBOTT	261-022	0074-6776-01	J2060	Δ

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ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700



ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	REMARKS
Lorazepam Tubex (2 mg/mL) 22GX1-1/4 C-N			10	LEDERLE	280-225	0008-0581-02		Δ
Mannitol 25%		50 mL	25	AMERICAN REAGENT	841-200	0517-4050-25		
Mannitol 25% solution (12.5 g/50 mL)		50 mL	25	ABBOTT	841-201	0074-4031-01	J2150	
Measles/Mumps/Rubella Vaccine	M-M-R II	1 dose vial		MERCK	230-340	0006-4749-00		
Mechlorethamine HCl, powder	Mustargen®	10 mg	4	MERCK	901-900	0006-7763-31	J9230	#
Medroxyprogesterone Acetate, solution (400 mg/mL) Depo-Provera®		2.5 mL MDV		PHARMACIA	910-100	0009-0626-01	J1050	
Medroxyprogesterone Acetate, solution (400 mg/mL) Depo-Provera®		10 mL MDV		PHARMACIA	910-110	0009-0626-02	J1050	
Megestrol Acetate, suspension (40 mg/mL)	Megace® Oral Suspension	8 fl oz		BRISTOL-MYERS SQUIBB	900-695	0015-0508-42		
Megestrol Acetate, Tablets, 20 mg	Megace® Tablets	100 per bottle		BRISTOL-MYERS SQUIBB	900-700	0015-0509-01		
Megestrol Acetate, Tablets, 40 mg	Megace® Tablets	100 per bottle		BRISTOL-MYERS SQUIBB	900-705	0015-0509-41		
Megestrol Acetate, Tablets, 40 mg	Megace® Tablets	250 per bottle		BRISTOL-MYERS SQUIBB	900-710	0015-0509-46		
Megestrol Acetate, Tablets, 40 mg	Megace® Tablets	500 per bottle		BRISTOL-MYERS SQUIBB	900-715	0015-0509-45		
Melphalan HCl, powder	Alkeran® IV	50 mg		GLAXO	960-000	0173-0130-93	J9245	
Melphalan HCl, tablets, 2 mg	Alkeran®	50 per bottle		GLAXO	960-010	0173-0045-35	J9500	
Meningococcal Vaccine A/C/Y-135	Menomune-A/C/Y-135®			AVENTIS	230-321	49281-489-05		#
Meningococcal Vaccine A/C/Y-135	Menomune-A/C/Y-135®	5 dose		AVENTIS	230-320	49281-489-01		#
Mesna, solution (100 mg/mL)	Mesnex™	1 gram, MDV	10	BRISTOL-MYERS SQUIBB	901-710	0015-3563-03	J9209	
Mesna, solution (100 mg/mL)	Mesnex™	1 g MDV		BRISTOL-MYERS SQUIBB	901-700	0015-3563-02	J9209	
Methotrexate Powder		20 mg		IMMUNEX	802-035	58406-673-01	J9250	
Methotrexate Powder		1000 mg		IMMUNEX	802-060	58406-671-05	J9260	
Methotrexate PF Powder		1 g		APP	808-060	63323-122-50		
Methotrexate, tablets, 2.5 mg		35 per bottle		BARR	802-136	0555-0572-35	J8510	
Methotrexate, tablets, 2.5 mg		100 per bottle		BARR	802-100	0555-0572-02	J8618	
Methotrexate, preservative free solution (25 mg/mL)		50 mg		IMMUNEX	802-000	58406-683-15	J9260	
Methotrexate, preservative free solution (25 mg/mL)		100 mg		IMMUNEX	802-010	58406-683-18	J9260	
Methotrexate, preservative free solution (25 mg/mL)		250 mg		IMMUNEX	802-030	58406-683-16	J9260	
Methotrexate, preservative free solution (25 mg/mL)		50 mg	10	BEDFORD	803-205	55390-031-10	J9260	
Methotrexate, preservative free solution (25 mg/mL)		100 mg	10	BEDFORD	803-210	55390-032-10	J9260	
Methotrexate, preservative free solution (25 mg/mL)		200 mg	10	BEDFORD	803-220	55390-033-10	J9260	
Methotrexate, preservative free solution (25 mg/mL)		250 mg	10	BEDFORD	803-225	55390-034-10	J9260	
Methotrexate, solution w/preservative (25 mg/mL)		50 mg		IMMUNEX	802-050	58406-681-14	J9260	
Methotrexate, solution w/preservative (25 mg/mL)		250 mg		IMMUNEX	802-040	58406-681-17	J9260	
Methylprednisolone Acetate (80 mg/mL)	Depo-Medrol	1 mL		PHARMACIA	880-133	0009-3475-01	J1020	
Methylprednisolone Acetate (40 mg/mL)	Depo-Medrol	5 mL		PHARMACIA	880-112	0009-0280-02	J1020	
Methylprednisolone Acetate (40 mg/mL)	Depo-Medrol	10 mL		PHARMACIA	880-122	0009-0280-03	J1020	
Methylprednisolone Acetate (80 mg/mL)	Depo-Medrol	5 mL		PHARMACIA	880-132	0009-0306-02	J1020	
Methylprednisolone Sod Succ Powder	A-methaPred®	40 mg		PHARMACIA	840-550	0009-0113-12	J2920	
Methylprednisolone Sod Succ (Act-O-Vial)	A-methaPred®	125 mg/2 mL		PHARMACIA	840-555	0074-5695-02		
Methylprednisolone Sod Succ Powder	A-methaPred®	125 mg	10	ABBOTT	840-555	0074-5695-02	J2930	
Methylprednisolone Sod Succ Powder	A-methaPred®	1000 mg	25	PHARMACIA	840-565	0009-3389-01	J2930	
Methylprednisolone Sod Succ 500mg	Solu-Medrol	500 mg	10	PHARMACIA	840-561	0009-0758-01		
Metoclopramide (5 mg/mL)		2 mL SDV	25	GENSIA	841-301	0703-4502-04	J2765	
Metoclopramide (5 mg/mL) PF		2 mL SDV	25	FAULDING	841-302	61703-210-07	J2765	

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# This item is drop-shipped from the manufacturer.

ONCOLOGY THERAPEUTICS NETWORK

1-800-482-6700

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTE
Metoclopramide (5 mg/mL) PF		10 mL SDV	25	FAULding	841-311	0013-6116-95	J2765	
Metoclopramide (5 mg/mL) PF		30 mL SDV	10	FAULding	841-320	61703-210-31	J2765	
Metoclopramide Inj Sol		50 mg		PHARMACIA	841-310	0013-6116-95		
Midazolam, solution (1 mg/mL), C-IV 10 vials	Versed®	2 mg	1	ROCHE	960-300	0004-1998-06	J2250	A
Midazolam, solution (5 mg/mL), C-IV 10 vials	Versed®	5 mg	1	ROCHE	960-310	0004-1974-01	J2250	A
Mitomycin, powder	Mutamycin®	5 mg		BRISTOL-MYERS SQUIBB	902-100	0015-3001-20	J9280	
Mitomycin, powder	Mutamycin®	20 mg		BRISTOL-MYERS SQUIBB	902-110	0015-3002-20	J9280	
Mitomycin, powder	Mutamycin®	40 mg		BRISTOL-MYERS SQUIBB	902-120	0015-3059-20	J9291	
Mitomycin-C		5 mg		BEDFORD	803-405	55390-251-01		
Mitomycin-C		20 mg		BEDFORD	803-420	55390-252-01		
Mitomycin-C		40 mg		BEDFORD	803-440	55390-253-01		
Mitomane, tablets, 500 mg	Lysodren®	100 per bottle		BRISTOL-MYERS SQUIBB	903-080	0015-3080-60		
Mitoxantrone, solution (2 mg/mL)	Novantrone®	20 mg MDV		IMMUNEX	902-200	58406-640-03	J9293	
Mitoxantrone, solution (2 mg/mL)	Novantrone®	25 mg MDV		IMMUNEX	902-210	58406-640-05	J9293	
Mitoxantrone, solution (2 mg/mL)	Novantrone®	30 mg MDV		IMMUNEX	902-220	58406-640-07	J9293	
Mucormyst 10%		30 mL	3	APOTHECON	880-430	0087-0572-02		
Mucormyst 20%		10 mL	3	APOTHECON	880-450	0087-0570-03		
Mucormyst 20%		30 mL	3	APOTHECON	880-460	0087-0570-09		
Mumps Skin Test (MSTA), 1 mL		10 test package		AVENTIS	230-120	49281-240-10		
Mumps Virus Vaccine	MUMPSVAX	1 dose vial	10	MERCK	230-130	0006-4584-00		
Mycostatin Pastilles		200,000 Unit		BRISTOL-MYERS SQUIBB	200-543	0003-0543-20		
Naloxone (0.4 mg/mL)		10 mL MDV FTV	10	ABBOTT	841-422	0074-1215-01	J2310	
Naloxone (0.4 mg/mL)		1 mL FTV		ABBOTT	841-421	0074-1219-01	J2310	
Nystatin, lozenges, 200,000U	Mycostatin® Pastilles	30 ea/package		BRISTOL-MYERS SQUIBB	200-543	0003-0543-20		
Octreotide Acetate, Depot Kit	Sandostatin LAR®	10 mg		NOVARTIS	224-010	0078-0340-84	J2352	
Octreotide Acetate, Depot Kit	Sandostatin LAR®	20 mg		NOVARTIS	224-020	0078-0341-84	J2352	
Octreotide Acetate, Depot Kit	Sandostatin LAR®	30 mg		NOVARTIS	224-030	0078-0342-84	J2352	
Octreotide Acetate, solution (100 mcg/mL)	Sandostatin®	100 mcg amp	20	NOVARTIS	224-200	0078-0181-03		
Octreotide Acetate, solution (1 mg/mL)	Sandostatin®	5 mL MDV		NOVARTIS	224-240	0078-0184-25		
Octreotide Acetate, solution (200 mcg/mL)	Sandostatin®	5 mL MDV		NOVARTIS	224-225	0078-0183-25		
Octreotide Acetate, solution (500 mcg/mL)	Sandostatin®	500 mcg amp	20	NOVARTIS	224-300	0078-0182-03		
Octreotide Acetate, solution (50 mcg/mL)	Sandostatin®	50 mcg amp	20	NOVARTIS	224-100	0078-0180-03		
Ondansetron HCl, (2 mg/mL)	Zofran® Injection	40 mg MDV		GLAXO	900-100	0173-0442-00	J2405	
Ondansetron HCl, (2 mg/mL)	Zofran® Injection	4 mg	5	GLAXO	900-101	0173-0442-02	J2405	
Ondansetron HCl, oral susp (4 mg/5 mL)	Zofran®	50 mL bottle		GLAXO	900-105	0173-0489-00		
Ondansetron HCl, tablet 4 mg	Zofran® Tablets	3 per bottle		GLAXO	970-043	0173-0446-04	K0415	Ω
Ondansetron HCl, tablet 4 mg	Zofran® Tablets	30 per bottle		GLAXO	970-490	0173-0446-00	K0415	Ω
Ondansetron HCl, tablet 4 mg	Zofran® Tablets	100 per bottle		GLAXO	970-410	0173-0446-02	K0415	Ω
Ondansetron HCl, tablet 8 mg	Zofran® Tablets	3 per bottle		GLAXO	970-083	0173-0447-04	K0415	Ω
Ondansetron HCl, tablet 8 mg	Zofran® Tablets	30 per bottle		GLAXO	970-830	0173-0447-00	K0415	Ω
Ondansetron HCl, tablet 8 mg	Zofran® Tablets	100 per bottle		GLAXO	970-810	0173-0447-02	K0415	Ω
Ondansetron HCl, tablet 24 mg	Zofran® Tablets	1 per bottle		GLAXO	970-241	0173-0680-00		Ω

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B Soli-administered antiemetic drugs are covered by Medicare when they are "necessary for the administration and absorption of the (Medicare-covered) oral anticancer chemotherapeutic agents when a high likelihood of vomiting exists."

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	REVENUE
Ondansetron HCl, premixed (32 mg/50 mL D5W) Zofran® Injection	Zofran® Injection	50 mL bag	6	GLAXO	900-050	0173-0461-00	J2405	
Ondansetron ODT, tablet 4 mg	Zofran® ODT	30 ea/package		GLAXO	970-440	0173-0569-00	Q0179	
Ondansetron ODT, tablet 8 mg	Zofran® ODT	30 ea/package		GLAXO	970-840	0173-0570-00	Q0179	
Oprelvekin, Powder	Neumega®	5 mg		GENETICS INSTITUTE	222-200	58394-004-01	J2355	
Oprelvekin, Powder	Neumega®	5 mg/7's	7	GENETICS INSTITUTE	222-207	58394-004-02	J2355	
Oxacillin Sodium Powder		10 g	10	APOTHECON	860-510	0015-7103-28		
Oxacillin Sodium Powder		2 g	10	APOTHECON	860-500	0015-7970-20		
Paclitaxel, solution (6 mg/mL)	Taxol® semi-synthetic	30 mg MDV		BRISTOL-MYERS SQUIBB	900-400	0015-3475-30	J9265	
Paclitaxel, solution (6 mg/mL)	Taxol® semi-synthetic	100 mg MDV		BRISTOL-MYERS SQUIBB	900-450	0015-3476-30	J9265	
Paclitaxel, solution (6 mg/mL)	Taxol® semi-synthetic	300 mg MDV		BRISTOL-MYERS SQUIBB	900-480	0015-3479-11	J9265	
Pamidronate Disodium, powder	Aredia®	30 mg/4's	4	NOVARTIS	840-200	0083-2601-04	J2430	
Pamidronate Disodium, powder	Aredia®	90 mg		NOVARTIS	840-290	0083-2609-01	J2430	
Pentostatin, powder	Nipent™	10 mg		SUPERGEN	240-000	02701-800-01	J9268	
Phytonadione, solution (10 mg/mL)	AquaMEPHYTON®	1 mL	6	MERCK	941-110	0008-7780-84	J3430	
Pneumococcal Vaccine Polyvalent (0.5 mL/dose) Pneumovax® 23	Pneumovax® 23	1 dose vial	10	MERCK	230-305	0008-4943-00	90732	
Pneumococcal Vaccine Polyvalent (0.5 mL/dose) Pneumovax® 24	Pneumovax® 24	2.5 mL/mdv		MERCK	230-310	0008-4739-00	90732	
Potassium Chloride, solution (2 mEq/mL)		20 mEq MDV	25	APP	841-521	63323-965-10	J3490	
Potassium Chloride, solution (2 mEq/mL)		30 mEq	25	ABBOTT	841-530	0074-8636-01	J3490	
Potassium Chloride, solution (2 mEq/mL)		40 mEq MDV	25	APP	841-541	63323-965-20	J3490	
Prednisone Tabs		50 mg	100/BTL	RUGBY	840-446	0536-4328-01		
Prochlorperazine Edisylate (5 mg/mL)	Compazine®	10 mL MDV		SMITHKLINE	841-635	0007-3343-01	J0780	
Prochlorperazine Edisylate (5 mg/mL) carpuject	Compazine®	2 mL	10	ABBOTT	841-621	0074-1880-02	J0780	
Prochlorperazine Edisylate (10 mg/mL)	Compazine®	2 mL	25	SMITHKLINE	870-010	0007-3352-16	J0780	
Prochlorperazine Maleate tablet 10 mg	Compazine®	100 per bottle		SMITHKLINE	870-000	0007-3367-20		
Prochlorperazine Maleate spansules 15 mg	Compazine®	50 per box		SMITHKLINE	889-090	0007-3346-15		
Prochlorperazine Tabs		50 mg	100/BOX	APOTHECON	870-050	62269-275-24		
Prochlorperazine Tabs		10 mg	100/BOX	APOTHECON	870-080	62269-276-24		
Quinupristin/Dalfopristin Inj	Synercid	500 mg/10 mL	10	AVENTIS	201-150	0075-9051-10		
Ranitidine HCl solution (25 mg/mL)	Zantac® Injection	2 mL	10	GLAXO	970-100	0173-0362-38	J2780	
Remicade (Infliximab)		100 mg		CENTOCOR	205-000	57894-030-01		
Rho D Immune Globulin SDV IV, powder	WinRho SDF™	600 IU		Nabi	144-201	60492-0023-1	J2792	
Rho D Immune Globulin SDV IV, powder	WinRho SDF™	1500 IU		Nabi	144-210	60492-0024-1	J2792	
Rituximab, solution	Rituxan™	100 mg		GENENTECH	223-700	50242-051-21	J9310	
Rituximab, solution	Rituxan™	500 mg		GENENTECH	223-710	50242-053-06	J9310	
Scopolamine 0.33 mg/24	Transderm Scop	4's		NOVARTIS	871-001	0067-4345-04		
Sodium Bicarbonate 8.4%		50 MEQ/50 mL	25	AMERICAN REGENT	842-501	0517-1550-25		
Sodium Bicarbonate 8.4%		50 MEQ/50 mL	25	APP	842-502	63323-006-50		
Sodium Thiosulfate 10% solution		10 mL	5	AMERICAN REGENT	841-790	0517-1019-05		
Sodium Thiosulfate 25% solution		50 mL		AMERICAN REGENT	841-800	0517-5019-01		
Streptozocin	Zanosar™	1 g		PHARMACIA	202-400	0009-0844-01	J9320	
Temozolomide, 5 mg	Temodar™	5 per bottle		SCHERING	910-205	0085-1248-01		
Temozolomide, 5 mg	Temodar™	20 per bottle		SCHERING	910-210	0085-1248-02		
Temozolomide, 20 mg	Temodar™	5 per bottle		SCHERING	910-220	0085-1244-01		

ONCOLOGY THERAPEUTICS NETWORK

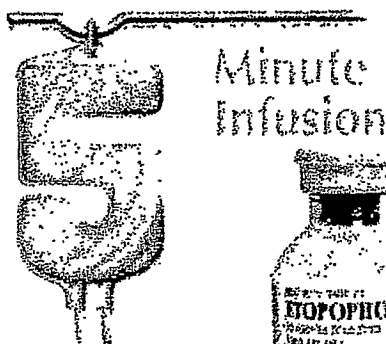
1-800-482-6700

ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Temozolomide, 20 mg	Temodar <sup>TM</sup>	20 per bottle		SCHERING	910-225	0085-1244-02		
Temozolomide, 100 mg	Temodar <sup>TM</sup>	5 per bottle		SCHERING	910-230	0085-1259-01		
Temozolomide, 100 mg	Temodar <sup>TM</sup>	20 per bottle		SCHERING	910-235	0085-1259-02		
Temozolomide, 250 mg	Temodar <sup>TM</sup>	5 per bottle		SCHERING	910-240	0085-1252-01		
Temozolomide, 250 mg	Temodar <sup>TM</sup>	20 per bottle		SCHERING	910-245	0085-1252-02		
Teniposide, 50 mg	Vumon <sup>®</sup>	5 mL amp		BRISTOL-MYERS SQUIBB	200-410	0015-3075-19	J9999	
Teniposide, 50 mg	Vumon <sup>®</sup>	5 mL amp	10	BRISTOL-MYERS SQUIBB	200-415	0015-3075-97	J9999	
Tequin IV		200 mg/20 mL		BRISTOL-MYERS SQUIBB	900-750	0015-1178-80		
Tequin IV		400 mg/40 mL		BRISTOL-MYERS SQUIBB	900-740	0015-1179-80		
Tequin Tabs		200 mg	30/btl	BRISTOL-MYERS SQUIBB	900-755	0015-1117-50		
Tequin Tabs		400 mg	50/btl	BRISTOL-MYERS SQUIBB	900-745	0015-1177-60		
Testolactone, tablets, 50 mg C-III	Teslac <sup>®</sup>	100 per bottle		BRISTOL-MYERS SQUIBB	900-720	0003-0690-50	Δ	
Testosterone Cypionate (100 mg/mL) C-III	Depo-Testosterone	10 mL		PHARMACIA	890-101	0009-0347-02	J1070	Δ
Testosterone Cypionate (200 mg/mL) C-III	Depo-Testosterone	1 mL		PHARMACIA	890-201	0009-0417-01	J1070	Δ
Testosterone Cypionate (200 mg/mL) C-III	Depo-Testosterone	10 mL		PHARMACIA	890-211	0009-0417-02	J1070	Δ
Tetanus Toxoid Adsorbed, USP		10 doses/vial		AVENTIS	230-150	49281-800-83		
Tetanus Toxoid Adsorbed, USP		15 doses/vial		AVENTIS	230-150	49281-812-84		
Thiethylperazine Sol	Torecan <sup>®</sup>	5 mg/mL, 10 mg	20	PURDUE FREDERICK	870-002	0034-5110-20		
Thiethylperazine Tabs	Torecan <sup>®</sup>	10 mg	100/Box	PURDUE FREDERICK	870-001	0034-5100-80		
Thiethylperazine Maleate, solution (5 mL/mL)	Torecan <sup>®</sup>	2 mL	20	ROXANE	870-002	0054-1701-07	J3280	
Thiethylperazine Maleate, tablets, 10 mg	Torecan <sup>®</sup>	100 per bottle		ROXANE	870-001	0054-4748-25		
Thiethylperazine Maleate, tablets, 10 mg U/D	Torecan <sup>®</sup>	100 per bottle		ROXANE	870-003	0054-8748-25		
Thiotepa, powder	Thioplex <sup>®</sup>	15 mg	6	IMMUNEX	202-500	58405-661-31	J9340	
Ticarcillin (3 g) and Clavulanate K	Timentin	3 g	10	SMITHKLINE	920-300	0029-6571-26		
Tobramycin Sulfate, solution (40 mg/mL)		80 mg	25	NOVARTIS	860-301	0781-3772-72		
Topotecan HCl, lyophilized powder	Hycamtin <sup>TM</sup>	4 mg	5	SMITHKLINE	901-280	0007-4201-05	J9350	
Topotecan HCl, lyophilized powder	Hycamtin <sup>TM</sup>	4 mg		SMITHKLINE	901-285	0007-4201-01	J9350	
Toremifene Citrate, 60 mg	Fareston <sup>®</sup>	30 per bottle		SCHERING	970-850	0085-1126-01		
Toremifene Citrate, 60 mg	Fareston <sup>®</sup>	100 per bottle		SCHERING	970-851	0085-1126-02		
Trastuzumab	Herceptin <sup>®</sup>	440 mg		GENENTECH	211-673	50242-134-60	J9355	#
Trimetrexate Glucuronate, powder	Neutrexin <sup>TM</sup>	200 mg MDV		MEDIMMUNE	920-420	58178-021-01	J3305	
Trimetrexate Glucuronate, powder	Neutrexin <sup>TM</sup>	25 mg	10	MEDIMMUNE	920-410	58178-020-10	J3305	
Trimetrexate Glucuronate, powder	Neutrexin <sup>TM</sup>	25 mg	25	MEDIMMUNE	920-400	58178-020-25	J3305	
Tuberculin Test, Mantoux PPD (5 TU/0.1 mL)	Tubersol <sup>®</sup>	10 tests/vial		CONNAUGHT	130-110	11793-7522-1	86580	
Tuberculin Tine Test 25 Pack	Tine Test <sup>®</sup> PPD	25 tests per box		CONNAUGHT	950-000	49281-770-40		
Tuberculin Test, PPD multiple puncture device	Tine Test <sup>®</sup> PPD	25 tests per box		LEDERLE	950-001	0005-2720-25	86580	
Vancomycin, powder		500 mg/10's	10	ABBOTT	860-351	0074-4332-01	J3370	
Vancomycin, powder		1000 mg/10's	10	ABBOTT	860-360	0074-6533-01	J3370	
Varicella Virus Vaccine powder	Varivax <sup>®</sup>	1350 PFU		MERCK	230-135	0006-4826-00	90716	#
Varicella Virus Vaccine powder	Varivax <sup>®</sup>	1350 PFU	10	MERCK	230-140	0006-4827-00	90716	#
Vinblastine sulfate, powder		10 mg		BEDFORD	102-300	55390-091-10	J9360	
Vinblastine sulfate, solution (1 mg/mL)		10 mg		APP	102-610	63323-278-10	J9360	

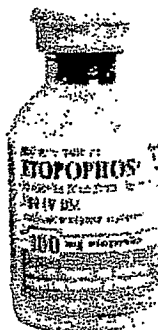
Δ NOTE: We must have a copy of your DEA certificate on file to ship controlled substances under C-III or C-IV.  
# This item is drop-shipped from the manufacturer.



ITEM	BRAND NAME	UNIT SIZE	ORDER QTY	MANUFACTURER	CATALOG NUMBER	NDC	HCPCS CODE	NOTES
Vincristine, preservative free solution (1 mg/mL) Vincasar <sup>®</sup>		1 mg		PHARMACIA	102-750	0013-7456-86	J9370	
Vincristine, preservative free solution (1 mg/mL) Vincasar <sup>®</sup>		2 mg		PHARMACIA	102-755	0013-7466-86	J9375	
Vincristine, preservative free solution (1 mg/mL)		1 mg		FAULDING	102-760	61703-309-06	J9370	
Vincristine, preservative free solution (1 mg/mL)		2 mg		FAULDING	102-765	61703-309-16	J9375	
Vinorelbine Tartrate, solution (10 mg/mL)	Navelbine <sup>®</sup> injection	1 mL		GLAXO	200-101	0173-0656-01	J9390	
Vinorelbine Tartrate, solution (10 mg/mL)	Navelbine <sup>®</sup> injection	5 mL		GLAXO	200-105	0173-0656-44	J9390	

BRISTOL-MYERS SQUIBB  
Oncology**ETOPOPHOS®** (etoposide phosphate) for Injection

100 mg vial available



Z3-K001C 2/98

**Indication: Intravenous Use:**

Etopophos can be infused as an intravenous bolus over as few as 5 minutes.

**Water Soluble:**

Etopophos is a water-soluble ester of etoposide, a semi-synthetic derivative of podophyllotoxin. The water solubility of Etopophos lessens the potential for precipitation following dilution and during intravenous administration.

**Indications:**

Etopophos is indicated in the management of the following neoplasms: Refractory testicular tumors and small cell lung cancer.

The most common side effects associated with ETOPOPHOS are nausea and/or vomiting, alopecia, myelosuppression, and leukopenia. Myelosuppression is dose-related and dose-limiting.

Please see page 62 for a brief summary of full prescribing information.

**Avoid Overdosing Minimize Subtherapeutic Dosing****Optimize Paraplatin Therapy with AUC Dosing\*****State of the Art Platinum Therapy**

Every National Cooperative Study Group Employs Formula Dosing of Paraplatin in Clinical Trials†

**Paraplatin®**  
(carboplatin for injection)

Better-Tolerated Platinum Therapy

K2-K005A

\*A simple formula for calculating total dosage, based upon a patient's glomerular filtration rate (GFR in mL/min) and Paraplatin target area under the concentration versus time curve (AUC in mg/mL • min), has been proposed by Calvert.<sup>1,2</sup> In these studies, GFR was measured by <sup>51</sup>Cr-EDTA, which has a good correlation with creatinine clearance.<sup>2</sup> With the Calvert formula, the total dose of Paraplatin is calculated in mg, not mg/m<sup>2</sup>.

The use of dosing formulae, as compared to empirical dose calculation based on body surface area, allows compensation for patient variations in pretreatment renal function that might otherwise result in either underdosing (in patients with above average renal function) or overdosing (in patients with impaired renal function).

Paraplatin is indicated for the initial treatment of advanced ovarian carcinoma in established combination with other approved chemotherapeutic agents.

The principal dose-limiting toxicity is bone marrow suppression.

In two trials, Paraplatin demonstrated equivalent overall survival compared to cisplatin when both were given in combination with cyclophosphamide. Study design limits statistical power for equivalence in patients with <2 cm residual tumor after initial surgery, pathologic complete response rate, and long-term survival ≥3 years.<sup>1</sup>

† Data on file, Bristol-Myers Squibb Company.

3/98

BRISTOL-MYERS SQUIBB  
Oncology

Please see page 63 for a brief summary of full prescribing information.